

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 28/01/2021 17:12 (SGT)  
Date of Accident ..... 28/01/2021 12:50 (SGT)  
Exact Location of Accident ..... Near 10 Toh Tuck Ave, Singapore 597007  
Additional Location Information ..... TOH TUCK AVE TOWARDS BOON LAY WAY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE1382R

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SPRINGHILLS IMPEX AND TRADING PTE LTD  
Company Reg No ..... 2XXXXX119E  
Email Address ..... yucb77@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-90277912  
Alternative Phone No ..... +65-90277912

#### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 2070127379  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... YU CHUNBAO  
NRIC No ..... SXXXX588A  
Date Of Birth ..... 29/04/1977  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/08/2007
Driving experience .....	13 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90277912
Alt. Phone Number .....	-
Email Address .....	yucb77@yahoo.com.sg
Address .....	BLK 172 BUKIT BATOK WEST AVE 8 #13-339
Address complement .....	-
Postcode .....	650172
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO SKETCH PLAN.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XE1908P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have Insured vehicle(s) Involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

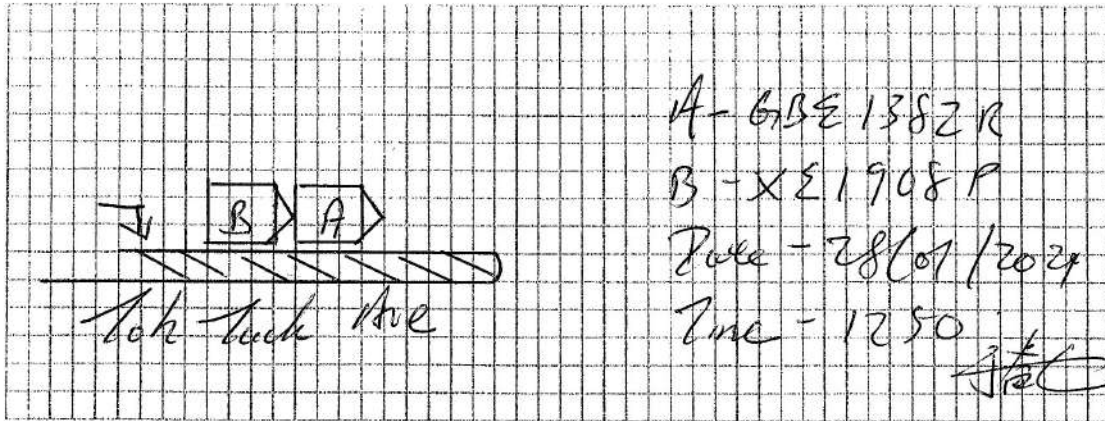


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



A - GBE 1382R  
B - XE 1908P  
Date - 28/07/2024  
Time - 1250  
JTC

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, my vehicle was stationary along Teh Tek Ave on most right lane.

While waiting for the traffic signal for the right turn. I suddenly felt an impact from the rear, it was vehicle B that collided onto my rear.

JTC

<b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a <b>FOURTEEN (14) DAYS CLAUSE</b> WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
	✓	- Claim <del>OD</del> TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's signature  
Date & Time

JTC

Driver's Signature  
(If driver not the policyholder)  
Date & Time

JTC

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

af





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

**Name of Policyholder** : SPRINGHILLS IMPEX AND TRADING PTE LTD  
**Period of Insurance** : 10 Sep 2020 To 09 Sep 2021  
**Engine No.** : 263A2635007417412  
**Chassis No.** : ZFA26300006A85856

**Vehicle No.** : GBE1382R  
**Policy No.** : 2070127379  
**Endorsement No.** :  
**Issued Date** : 03 Sep 2020

### ABOUT THE COVER

**Make/Model** : FIAT DOBLO CARGO MJTD  
**Engine Capacity/Tonnage** : 0.8 Tonnage  
**Driver Restriction** : NA  
**Sum Insured** : NA  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**Insuring with COE/PARF** : NA

**Person or Classes of Persons Entitled to Drive\*** :

- a) Any person who is driving on the Policyholder's order or with their permission.  
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

**Age Condition** : All Age Condition

**Limitation as to use\*** :

- 1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

**Section 1**

**Section 2**  
Property Damage - \$0

**Windscreen** : NA

**Named Driver and Excess** (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0692847000

SUSAN SEOK CHUN YANAGIHARA

91 HILLVIEW AVENUE #09-20 THE PETALS

SINGAPORE 669625 SP-LEOFINANCIALGROUP

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

AIGSGMOBILEAPP

76 Shenton Way #05-18 AIG Building S079120 | T: 65 6419 8000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.













































CHASSIS NO: ZFA	20300008487856
UNLADEN WT :	1500
MAX LADEN WT :	2655
PASSENGER CAP : 1 DRIVER	<input type="checkbox"/> OTHERS
TYRE SIZE : (F)	195 / 30R16
(R)	205 / 20R16

**SPRINGHILLS IMPEX & TRDG P/L**  
**71 BT BATOK CRESCENT**  
**#10-09 S-658071**  
**REG NO : 200615119E**  
**PAX : 01**